

# DOMESTIC VIOLENCE SHELTER PROGRAM SERVICE PLAN FISCAL YEAR 2003-2004

### A. BACKGROUND/EXPERIENCE

В.

Please provide an explanation if the answers to any of these four questions are "Yes." (If "Yes", attach relevant letters or documents as a separate attachment)

1.	Has the organization's nonprofit status changed?						
	Yes	X	No				
2.	Has the organization failed or refused to cor	nplete a contract du	iring the past year?				
	Yes	X	_ No				
3.	Is the organization currently involved in any	litigation in connect	ion with a contract?				
	Yes	X	_ No				
4.	Is the organization currently delinquent in pa	ying its State/Feder	ral payroll taxes?				
	X Yes		No				
Desci	ribe (if "Yes"):						
Unde	r separate cover						
SHEL	TER DESCRIPTION						
1.	What is the maximum number of beds availa Fontana 10 beds	able at the shelter?	42 beds – San Bernardino	32 beds and			
2.	Describe the location of and services provide Locations in San Bernardino and Fontana prolength of stay is 60 days; mandatory-80-hour provided.	ovide Temporary Cri	isis Intervention Shelter; aver	age			
	San Bernardino Shelter has a room that is ha	ndicap accessible.					

3.	How long has the agency's shelter program existed?
	25 years, 9 months

### C. OUTREACH CENTER DESCRIPTION

1. Describe your agency's outreach/drop-in center (including location):

Located at 688 N. Arrowhead Ave., downtown San Bernardino; on bus route; one block east of Police Dept; centrally located to shelter, Children Services Program, Courthouse Outreach and numerous government and Social Service Agencies.

2. Describe the services provided at outreach/drop-in center:

Quarterly Family/Domestic Violence trainings; support groups four times a week (3 English, 1 Spanish); Teen Dating Violence Prevention Workshops, Legal Advocacy; information; resources; referrals.

3. Please indicate hours of operation for your agency's outreach/drop-in center on the chart below:

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability (Ex: 8		8am to	8am to	8am to 5pm	8am to	8 am to	
a.m. to 5 p.m.)		8 pm	8pm		5 pm	5 pm	

<sup>\*</sup> Open to 8 pm for support groups

#### D. PROGRAM SERVICES AND SERVICE DELIVERY TARGETS

FROG	NAW 3L	INVICES AND SERVICE DELIVER I TARGETS				
1.	Indicate the number of adults and children you will be able to serve in the shelter during the contract year.					
		Adults: 200	Children: 325			
2.	Project	t the number of hours clients will receive in services durin	ng a contract year.			
		Client hours 71,400	Shelter Hours 280,000			
3.		ich of the following services will be provided to victims of Domestic Violence during the contract year? ovide a detailed description of these services )				
	a.	Intake and admission to the shelter on a 7 day per wee	ek, 24 hours per day basis.			
		<u>x</u> Yes	No			
	Descri	be:				
		is conducted over the telephone; basic information such as				

Intake is conducted over the telephone; basic information such as: name, location, number of children, ages, gender, etc., is obtained after the caller has informed staff of situation and space is available in the facility; caller must inform staff if a police report was taken or not; physical condition of self and children, alleged perpetrator whereabouts/hangouts, history of abuse, substance abuse (if any); staff explains basic house rules and expectations, provides an overview of the program to the caller arrangements are made for transportation if none available, or it is explained when caller is ready to come for her to call and directions will be given.

b.	A crisis hotline 7 days per week, 24 hours per will operate the crisis hotline?	day. Identify if program staff or trained volunteers
	x Yes	No
Descr	ribe:	
caller necess in the on bel as to g	ur hotline is "manned" by trained staff and volunted if that is what the caller wants; staff offers options sary; staff is required to provide callers seeking or n geographic area they are seeking service in; if calle half of the caller if they are seeking domestic violence gender of caller, name if given, location, time and datequired.	and alternatives and information and referrals as eeding referrals a minimum of three referrals r is without funds to make calls, staff must call se services; all incoming calls are documented
C.	Temporary housing and food facilities.	
	XYes	No
Descr	ribe:	
are gr and d clothin design abuse	ranted given extenuating circumstances on a week had been staff in conjunction with the ng, etc. There is a 6-week cyclical In-House Reset to assist Resident in transitioning to an independent	re offered on an a space available basis; extensions by week basisper resident request which is reviewed InterventionDirector. Basic needs are met; food, esident Programwhich is mandatory; sessions are indent and productive lifestyle free of violence and bstance abuse, parenting (certificated), coping skills, more.
d.	Psychological support and peer counseling.	
	X Yes	No
Reside Advoc servic	stic Violence Advocates, Shelter Workers, and Ca ents per resident request; In-House Residents ma cate on duty 9:00 am to 5:00 pm. All sessions are c	alWORKS Coordinators provide peer counseling to y sign up for sessions with the Domestic Violence onfidential and documented. Therapeutic counseling ich as Family Service Agency, Caritas Counseling,
e.		ucation during their stay in the shelter as required gements with schools, providing lunches and ons as required.
	x Yes	No
Descr	ribe:	

Describe

All shelter Residents with school age children are required to enroll their children in school within three days of entering the shelter program. Domestic Violence Advocates and Shelter staff ensure parents are in compliance. Food stuffs are provided for Mom to make lunch.

		f.		y transportation to the shelter and when appropriate, make arrangements vent agencies for assistance in providing such transportation.			arrangements with loca	I	
			X	Yes			No		
		Descri	be:						
		service		ansport residen	ts to medi	cal appointment	ts when absolute	-up of new residents. Thi ely necessary; agency also aldren and youth.	
		g.	Refer residents outcome of suc		ervices in	the community	as appropriate	e, and follow-up on the	;
			X	_ Yes			No		
		Descri	be:						
		Each r	eferral given is do	cumented in the	client's ca	se file. Resident	s are asked to pr	minimum of three. rovide proof s documented in the	
		h.						have not yet made the have a need for suppor	
			X	_Yes			No		
		Descri	be:						
-	OTUE	availat Family commu	ole at the center t/Domestic Violend unity and is open f	are: Domestic ce Training Clas ive days a week.	Violence s. The cen	Advocacy; Lega	l Advocacy; Suj	San Bernardino.Service pport Groups; Quarterly the	
E.	OTHE	K DOWE	ESTIC VIOLENCE	: SERVICES					
	1.		e following servic vided or arranged					ng community resources answers)	,
		a.	Medical Care.		x	Yes		No	
		b.	Legal Assistand	e.	X	Yes		No	
		C.	Psychological S	upport.	X	Yes		No	
		d.	Information regardance programs, hous		d other ava			o counseling and training	j

Desc	ribe	(if	"N	ار")	١.

2. What criteria will victims of Domestic Violence be required to meet in order to be eligible for program services? Include criteria for both children and adults.

Must be in fear of her life or the lives of her children by mate (ex-mate, etc.); must be legally of age (Moms); no male children over 13 years of age; Mom must be able to care for self and children.

3. Specify conditions under which victims of Domestic Violence who otherwise appear to meet the criteria listed in #2 above may be refused services.

Proximity of residence with alleged abuser too close to Shelter facility and alleged abuser is not incarcerated; should this occur caller will be assisted by agency staff in relocation.

4. List all fees, assessments and all other cost, charges or expenses victims of Domestic Violence will be expected to pay to the program during their stay in the shelter.

There are no fees.

5. Provide information on the number of volunteers to be recruited and utilized in the program and the number of volunteer hours of service you expect to have donated to the program during the Contract year. Describe duties which volunteers will be assigned.

Approximately 50 volunteers will assist agency paid staff with clerical duties at the Courthouse outreach, Domestic Violence Assistance Center and In-House program.

6. What other services not previously described will be provided as a part of the Domestic Violence Program?

No new programs or services proposed at this time.

# OPTION HOUSE, INC. DOMESTIC VIOLENCE SHELTER PROGRAM BUDGET July 1, 2003 – June 30, 2004

### I. PROGRAM COSTS

List only those items of cost which are chargeable, in whole or part, to the program

A. **Salaries and Benefits** (3)(1) COST ITEM TOTAL COST TO % OF TOTAL COST COST CHARGED **CHARGED TO GRANT TO GRANT** THE **ORGANIZATION** Job Title: DV Advocate (2) part time Salary: \$12.00 per hour \$19,968.00 75% \$14,976.00 Benefits: 75% \$ 1,865.01 \$ 1,398.76 Job Title: DV Advocate – Full Time Salary: \$12.00 per hour \$24,960.00 48% \$11,980.80 Benefits: \$ 2,331.26 48% \$ 1,119..01 Job Title: DV Advocate - Full Time Salary: \$12.00 per hour \$24,960.00 \$8,736.00 35% Benefits: \$ 2,331.26 35% \$ 815.94 Job Title: Salary: Benefits: 5. Job Title: Salary: Benefits: SUBTOTALS \$39,026.51

## **B.** Operational Costs

(1) (2) (3)

	COST ITEM	TOTAL COST TO THE ORGANIZATION	% OF TOTAL COST CHARGED TO GRANT	COST CHARGED TO GRANT
1.	Shelter Utilities	\$1,473.49	100%	\$1,473.49
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.	SUBTOTALS			\$1,473.49
10.	SUBTOTALS, (A) above			\$39,026.51
11.	TOTALS			\$40,500.00

### II INCOME TO SUPPORT THE PROGRAM

List cash income to the organization which is allocated in whole or part to support the proposed program

(1)	(2)	(3)	(4)
SOURCE OF INCOME	TOTAL RECEIVED	PERCENT TO THE	AMOUNT TO
	BY ORGANIZATION	PROGRAM	PROGRAM
1 Other Revenue	\$787,484.52	100%	\$787,484.52
2 Program Client Fees			
3 Presley	\$40,500.00	100%	\$40,500.00
4			
5			
6 Total *	\$827,984.52		\$827,984.52

## III CASH/IN-KIND TO MEET REQUIRED MATCH

List all cash/in-kind income which will be used to provide the required 10% match.

Attach an explanation of how the value of each in-kind item was determined.

(1)	(2)
SOURCE OF CASH INCOME	AMOUNT NON-GOVERNMENTAL
1 East Valley United Way	\$ 4,050.00
2	
3	
4	
5	
6 TOTAL	\$ 4,050.00
(3)	(4)
SOURCE OF IN-KIND (NON-CASH) INCOME	VALUE
1	\$
2	
3	
4	
5	
6 TOTAL	\$